

Worksheet for Costing Out Expenses of the Person with the Disability

This Person's Income

Government Benefits _____
 Employment _____

TOTAL MONTHLY INCOME _____

This Person's Expenses

<p><i>Housing:</i></p> <p>Rental _____ Utilities _____ Maintenance _____ Cleaning items _____ Laundry costs _____ Other _____</p> <p><i>Care Assistance:</i></p> <p>Live-in _____ Respite _____ Custodial _____ Other _____</p> <p><i>Personal Needs:</i></p> <p>Haircuts, beauty shop _____ Telephone (basic, TT) _____ Cigarettes _____ Books, magazines, etc. _____ Allowance _____ Other _____</p> <p><i>Clothing</i> _____</p> <p><i>Employment:</i></p> <p>Transportation _____ Workshop fees _____ Attendant _____ Training _____ Other _____</p> <p><i>Education:</i></p> <p>Transportation _____ Fees _____ Books, materials _____ Other _____</p>	<p><i>Special Equipment:</i></p> <p>Environment control _____ Elevator _____ Repair of equipment _____ Computer _____ Audio books _____ Ramp _____ Guide dog _____ Technical instruction _____ Hearing Aids/Batteries _____ Wheelchair _____ Other _____</p> <p><i>Medical/Dental Care:</i></p> <p>Med/Dental visits _____ Therapy _____ Nursing services _____ Meals of attendants _____ Drugs, medicine, etc. _____ Transportation _____ Other _____</p> <p><i>Food:</i></p> <p>Meals, snacks-home _____ Outside of home _____ Special foods _____ Other _____</p> <p><i>Social/Recreational:</i></p> <p>Sports _____ Special Olympics _____ Spectator sports _____ Vacation _____ TV/VCR or rental _____ Camps _____ Transportation _____ Other _____</p>	<p><i>Automobile/Van:</i></p> <p>Payments _____ Gas/Oil/Maintenance _____ Other _____</p> <p><i>Insurance:</i></p> <p>Medical/Dental _____ Burial _____ Automobile/Van _____ Housing/Rental _____ Other _____</p> <p><i>Miscellaneous:</i></p> <p>Other _____ Other _____ Other _____</p>
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TOTAL EXPENSES _____

(Subtract)
MONTHLY INCOME
+ GOVERNMENT BENEFITS _____

(Equals)
SUPPLEMENTARY NEEDS _____